

2025 Group Legal Insurance, Long-Term Disability (LTD) Insurance, Supplemental Life Insurance Program-Deduction Codes, Premiums and Carrier Information

2025 Group Legal Services Insurance Plan

There are no changes to the premium rates.

The following table shows the monthly premiums for coverage effective January 1, 2025.

Group Number: 10202
Org. Code: 075-081

Party Code	Total Premium
Individual	\$10.27
Family	\$17.87

The monthly administrative fee is \$0.85 cents and is included in the premium.

Carrier Contact Information for Group Legal Services Insurance Plan

ARAG Insurance Company
500 Grand Ave, Suite 100
Des Moines, IA 50309-9958
Toll-free: (866) 762-0972
Fax: (515) 246-8816
ARAGlegal.com/SOCinfo

2025 LTD Insurance Program – Excluded Employees

There are no changes to the premium rates or factors used to calculate the monthly premiums.

The following table shows the factors used to calculate the monthly premiums for coverage effective January 1, 2025.

Group Number: 643146

Org. Code: 075-111

Org. Code: 075-119

Age	075 – 111 65% Coverage	075 – 119 55% Coverage
Under 30	\$0.026	\$0.012
30 – 39	\$0.073	\$0.037
40 – 49	\$0.173	\$0.087
50 – 59	\$0.347	\$0.175
Over 60	\$0.384	\$0.195

The monthly administrative fee is \$0.80 cents.

Employees can calculate their monthly premium by multiplying the monthly base salary by the age-benefit option plus the admin fee (Month Base Salary x Age-Benefit Option + Admin Fee = Monthly Premium Rate).

Carrier Contact Information for LTD Insurance

National Accounts Services SOC Team

Standard Insurance Company

900 SW 5th Avenue

Portland, OR 97204-9805

Direct line: (971) 321-8150

Toll-free: (888) 641-7193

Email: socitdforms@standard.com

standard.com/mybenefits/california

2025 Supplemental Life Insurance Premiums – Excluded Employees

There are no changes to the premium rates.

Employees enrolled in the state-paid basic life insurance program may apply for supplemental coverage at any time. The following table provides the rates for employees and dependents for supplemental coverage effective January 1, 2025.

Org. Code: 075-107

Employee Coverage

Age	Rate per \$10,000 Coverage
Less than 25	\$0.060
25-29	\$0.064
30-34	\$0.078
35-39	\$0.085
40-44	\$0.105
45-49	\$0.150
50-54	\$0.222
55-59	\$0.402
60-64	\$0.609
65-69	\$1.158
70-74	\$1.869
75 and over	\$2.075

Dependent Coverage

Spouse/Domestic Partner	Child(ren) Coverage	Employee Age Is Less Than 65	Employee Age Is Greater Than 65
\$7,500	\$7,500	\$1.85	\$7.25
\$15,000	\$7,500	\$3.71	\$14.51
\$25,000	\$7,500	\$6.18	\$24.18
\$50,000	\$7,500	\$12.35	\$48.35

The monthly administrative fee is \$0.50 cents. Employees can calculate the monthly premium by multiplying age by factor plus the admin fee (Age x Factor + Admin Fee = Monthly Premium Rate).

Carrier Contact Information for Supplemental Life Insurance

Metropolitan Life Insurance (MetLife)

Policy number 74503

MetLife Customer Service

Recordkeeping Center

P.O. Box 14402

Lexington, KY 40512-4402

Toll-Free: (800) 252-8524

www.metlife.com/info/soc/